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## PART B - FEE(S) TRANSMITTAL

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**Alexandria, Virginia 22313-1450**  
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Siemens Corporation  
 Intellectual Property Department  
 186 Wood Avenue South  
 Iselin, NJ 08830

## Certificate of Mailing or Transmission

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Sandra J. Steubenberg

(Depositor's name)

Sandra J. Steubenberg

(Signature)

August 20, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/666,684	09/20/2000	Robert A. Ward	OOP7901US	5477

TITLE OF INVENTION: COIL SUPPORT FINGER PLATE FOR STATOR OF POWER GENERATOR AND ASSOCIATED METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	08/21/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ADDISON, KAREN B	2834	310-254000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siemens Westinghouse Power Corporation, Orlando, FL (US)

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies one

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2179 (enclose an extra copy of this form).

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PTOL-85 (REV. 05-03) Approved for use through 04/30/2004. OMB 0651-0033

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**TO:** Mail Stop Issue Fee  
Commissioner for Patents  
Washington, DC 20231

**FROM:** Sandy Steunenbergh, IP Legal Asst.  
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**Fax No:** 407-736-6440

**Phone:** 407-736-2472

**DATE:** August 20, 2003

**Number of Pages including cover page:** 3

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**Re:** **09/666,684** filing date: 09/20/2000  
Attorney Docket No.: 00P7901US  
Issue Fee Date Due: 08/21/2003  
Paper Dated: August 20, 2003  
The required fees have been authorized to be charged to Deposit Account 19-2179.

**Certification of Transmission under 37 CFR 1.8**

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Sandra J. Steunenbergh

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**Siemens Corporation**

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